

ADVANCING FORENSIC NURSING IN SOUTH AFRICA: A MATTER OF STAMINA AND RESILIENCE

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ABSTRACT

Advancing an almost non-existing specialisation in nursing care requires strong leadership, resilience and total commitment to patient care and to the nursing profession. These were the hard lessons that we have learnt over almost three decades in our endeavours to advance forensic nursing as a formally recognised clinical nursing specialisation in South Africa. This article, which is a conference paper presented at the International Conference on Forensic Nursing Science, in October 2016 in Denver, Colorado, presents the professional and personal battles experienced by the forensic nurses in advancing the forensic nursing practice in South Africa. The presentation concludes by highlighting the current status and achievements of forensic nurses' resilience and perseverance in advancing forensic nursing, which include the establishment of the South African Forensic Nursing Association (SAFNA), the development and recognition of clinical competencies for clinical forensic nursing by the South African Nursing Council (SANC), books authored by forensic nurses, and continual activities of professional development conducted in different provinces of South Africa to benefit members of SAFNA and improve forensic nursing practice and healthcare of the victims of crime and violence. These hard lessons were shared as encouragement to forensic nurses from other countries where forensic nursing is not yet recognised.

Keywords: forensic nursing; South African Nursing Council; victims; challenges

INTRODUCTION

Forensic nursing has been in existence for more than two decades in South Africa, however, nurses trained in this field are still encountering challenges with regard to

the optimal rendering of forensic nursing related services. Forensic nursing, according to Lynch (2011, 71), is defined as the application of the forensic aspects of healthcare combined with the biological/psychological/social/spiritual education of the registered nurse in the scientific investigation and treatment of trauma or death of victims and perpetrators of violence, criminal activity and traumatic events. It is clear from the definition that nurses do have a role to play in providing forensic nursing services. This article presents the professional and personal battles experienced by the forensic nurses in advancing forensic nursing as well as the current status, successes and achievements of forensic nurses' resilience and perseverance in advancing forensic nursing in South Africa. The purpose of this article is also to share the hard lessons experienced by South African forensic nurses as encouragement to forensic nurses from other countries in which forensic nursing is not yet formally recognised.

PERSONAL AND PROFESSIONAL BATTLES EXPERIENCED BY FORENSIC NURSES

Forensic nurses across the country encountered some challenges during their attempt to render forensic care to victims of violence. Some of the challenges included:

- Lack of formal recognition of forensic nursing as a speciality by the South African Nursing Council (SANC) as a regulatory body (Duma and De Villiers 2014, 361). The nursing profession in South Africa is, as in other countries, regulated by a professional body, namely the SANC. The SANC is also responsible for the training and licencing of all nursing programmes.
- Non-benefit from the occupation specific dispensation (OSD). The OSD is a financial incentive strategy that has been introduced by the South African government in 2007 with the aim of attracting, motivating and retaining skilled health professionals in the public sector (Ditlopo, Blaauw, Rispel, Thomas and Bidwell 2013, 139). As a result of forensic nursing not being recognised by the SANC, the OSD document was silent about remuneration of forensic nurses.
- Decreased credibility of testimony provided by forensic nurses in courts. Forensic care has traditionally been provided by doctors, with forensic nurses entering the arena only in the last two decades. As a result, some courts do not recognise forensic nurses as expert witnesses competent to testify knowledgeably on the findings of medico-legal examinations (Stevens 2010).

The lack of formal recognition of the specialised skills of forensic nurses led to several setbacks whereby other trained nurses deserted the field for other specialities. The lack of formal recognition might also discourage other nurses from training in this area (Stevens 2010). It might also result in the denial of justice to the victims of sexual violence as it undermines the policy of increasing rape survivors' access to quality

healthcare. Against these odds, few dedicated nurses remained and worked hard behind the scenes to ensure that the voice of the forensic nurse is heard and that the victims of violence receive the care and management they deserve. The remaining nurses continue to endure hardships in their practice, not only from the SANC, challenges regarding OSD and court systems, but also from clinical facility or organisational managers who have decreased knowledge of what forensic nursing really is. There was a lack of support for this cadre of nurses; no debriefing for emotional pain endured during service delivery. Furthermore, forensic nurses were allocated to other wards with the allegation that they were attending to fewer patients per day as compared to their counterparts in other fields.

CURRENT STATUS AND SUCCESSFUL ACHIEVEMENTS OF FORENSIC NURSES

With the continued stamina to promote and make headway in an attempt to advance forensic nursing in South Africa, forensic nurses in the country displayed some resilience against experienced challenges. The call by the SANC for the development of the new qualifications provided the opportunity to end the injustice caused by lack of recognition for forensic nurses as specialist nurses. In March 2013, the SANC convened a consultative workshop with a group of influential forensic nurses. The aim of the consultative workshop was to explore the possible strategies that could be used towards the advancement and recognition of forensic nursing as an additional qualification in South Africa. One of the major challenges raised by the SANC was the absence of a formal organisation for forensic nursing professionals that can represent the voice and needs of the forensic nurses and that can also provide leadership in the development of competencies for forensic nurses. According to the SANC, the establishment of such a professional organisation was a critical step towards recognition of forensic nursing as a speciality course. It was agreed by all participants of the consultative workshop that the establishment of such an organisation was a priority in providing leadership in the development of clinical competencies for forensic nursing in partnership with the SANC. In November 2013 as the world celebrated the International Forensic Nurses week, the South African forensic nurses were also celebrating the first month of the birth of a new baby, the South African Forensic Nursing Association (SAFNA). The association was affectionately named by more than 50 forensic nurses, forensic medical doctors, legal experts, and civil society members who attended the three-day workshop that was held at Baynes Game Lodge in Mangaung in October 2013. The workshop was organised after a long and tedious journey that started in the early 1990s when the government of South Africa announced its intentions to replace the district surgeons by a medical or nursing practitioner who was trained in the care and management of victims of sexual violence.

Since its inception in October 2013, SAFNA achieved the following milestones:

- Registration as a non-profit organization
- Recognition by the SANC of the “Competencies for Forensic Nurses” www.sanc.co.za
- Resuscitation of Forensic Nurses’ “chapters” and quarterly business meetings
- Planning of national seminars
- Approval and listing of forensic nursing among the postgraduate qualifications

CONCLUSION

Much credit should be awarded to the forensic nurses who displayed stamina and resilience for the past 15 years of endurance and suffering at the hands of authorities who were supposed to be partners and stakeholders in this venture. With the formal recognition of forensic nursing as a speciality, victims of violence will start to receive the quality of care they deserve. The journey by South African nurses thus far was bumpy but worth travelling. We hope our experiences will be a motivation to our colleagues in other countries where similar challenges are experienced.

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